

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

| ☐ Please check if this is an update to a previously filed statement for the calendar y | ear 2007. |
|---|--|
| LEGISLATOR INFORMATION | |
| Name | Member of: |
| RAVMONTI PINEAU | ☐ House ☐ Senate |
| Mailing address | District |
| Mailing address 44 LAVOIE ST | 87 |
| City, zip code | Phone |
| UAY 04239 | 207-897-3898 |
| PART 1. INCOME DERIVED FROM EMPLOYMENT BY A | NOTHER |
| List the name and address of each employer from whom you received compensation principal type of economic activity of each employer. | on of \$1,000 or more. Specify the |
| Name of Employer Address | Principal Type of Economic Activity of Employer |
| | |
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| PART 2. INCOME DERIVED FROM SELF-EMPLOYN (For Legislators who are self-employed.) | |
| A. List the name and address of your business, if any, and list the major areas of derived income. If associated with a partnership, firm, professional association, or sareas of economic activity of that entity. | f economic activity from which you imilar business entity, list the major |
| Name and Address of Business Entity Major Areas of Economic Activity (self) | Major Areas of Economic ty Activity Activity (partnership, association or similar business entity) |
| Name: | |
| Address: | A TORRESON OF THE CONTRACT OF |
| | the control of the first of the control of the cont |
| Name: | |

| | PART 2 (continued). INCOME (For Legislators | DERIVED FROM who are self-emplo | | YMENT | |
|--|--|--|--|--|--|
| is greater, and specify the p disclosure is prohibited by la | me derived from self-employment the principal type of economic activity of aw, rule, or an established code of p nom the income was derived. | the entity or perso | n from whom you | derived such inco | ome. If this form of |
| | Name and Address of Source | | | Activity of Ent | pe of Economic ity or Person Who se of the Income |
| Namé: | | | | | |
| Address: | | | | | |
| Name: | and care and a surface and a graph and in the control of the contr | 0.000000000000000000000000000000000000 | | Note the communication and an extension of the second communication and th | |
| Address: | ste. | | | | |
| | PART 3. MAJOR (For Legislators wh | R AREAS OF PR | | | |
| List your major areas of pra- | ctice. If associated with a law firm, I | TARREST TOTAL TOTAL CONTROL TOTAL AND AND THE PROPERTY OF THE | and the second | CONTRACTOR | |
| Nai | me and Address of Firm | | Major Areas of Pra (self) | etice Major | Areas of Practice (firm) |
| Name: | | - 411 | | | |
| Address: | | - | | norman (18 or Francisco) | |
| Name: | | Via a stri de la serie de la s | | on the state of th | |
| Address: | | the separate | | e e e e e e e e e e e e e e e e e e e | |
| The state of the s | PART 4_OTHER | SOURCES OF | INCOME | | |
| List each source of income | of \$1,000 or more not listed in Parts | 1, 2, or 3 of this fo | rm. Do not include | e gifts. If none, c | heck the box. |
| None | | | | 13 | |
| | Name and Address of Source | | | | of Income ts, leases, etc.) |
| Name: | | | | | |
| Address: | | | TRY TO THE TOTAL PROPERTY OF THE TOTAL PROPE | - | |
| Name: | | | | | |
| Address: | | | | • | |
| | PART 5 REPC | RTABLE LIABI | LITIES | | |
| | for any <u>unsecured</u> loans of \$3,000 of each creditor. Do not list loans from | | | reporting period | , and list the major |
| None | | | | | |
| The same of the sa | Name and Address of Gredito | | | | pe of Economic of Creditor |
| Name: | | | Billion in the state of the sta | | |
| Address: | The state that we have the substitution as a substitution of the s | ilionas. Anno experiencia anno mano managemento constitu | | a. a | |
| Name: | • | | • | | |
| Address: | | | : | | |
| | PART 6. RE | PORTABLE GIF | TS | | |
| List the specific source of earnone, check the box | ach gift of more than \$300. Include | gifts with an aggre | gate value of more | than \$300 from | a single source. If |
| None | e e e e e e e e e e e e e e e e e e e | NEW YORK THE WAY AND AND MAKEN | management and so so to the source | , | See as Consider a |
| Commence of the contract of th | of Source of Gift | | Name of S | Source of Gift | And the second s |
| 1. | e e e e e e e e e e e e e e e e e e e | . 3. | . to good a row son to his work or | ene modulus as mose in live in | |
| 2. | 20 12 20 ACC 1 04 1 4 | 4. | The second secon | . One of the second sec | The second secon |

| PART 7. REPORTABL | | | one winduler little in the lit |
|--|--|--|--|
| List the source of any honoraria accepted for appearances or speeches | related to | your of | ficial duties. If none, check the box. |
| None of Some of the state | effect allegation to some or | | |
| Name of Source of Honoraria | Tuli Cassissi (Anii 2 Anii 2000 a | · · | lame of Source of Honoraria |
| 1. 3. | T-00-7-1-100-0-100-1-10-1-10-1-10-1-10-1 | | |
| 2. 4. | | | |
| PART 8. REPRESENTATION BE | | 4 | |
| List each executive branch agency before which you represented or as the box. | ssisted other | ers for | compensation of any amount. If none, check |
| None | | | |
| The state of the s | 1 | il. | Name of Agency |
| 1. 3. | | | |
| 2. 4. | | | |
| PART 9. BUSINESS WITH | STĂTE / | \GEN(| CIÉS |
| List each executive branch agency to which you or a member of your im \$1,000 during the reporting period. If none, check the box. | 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | |
| None | *2000 (********************************* | ************************************** | |
| Name of Agency | 7.00 mg | 2 2 2 | Name of Agency |
| 1, 3, | | | |
| 2. 4. | | | William and the contract of th |
| PART 10. INCOME RECEIVED BY MEN | BERS O | FIMM | IEDIATE FAMILY |
| List the type of economic activity representing each source of income of (ren) during the reporting period and the kind of income represented. Do "D" for income received by dependents. | of \$1.000 o | r more | received by your spouse or dependent child |
| Type of Economic Activity Representing Source of Income Received | appro | cle priate ter | Kind of Income |
| 1. Volve du JUVOCRE DOS | (S) | D | to the training of the second |
| 2. | S | D | |
| 3. | s | D | |
| 4. | S | D | The state of the s |
| SIGNATUR | ₹E | SAP y GATTO | |
| A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A) | t to a fine | of \$1 | 0 per business day until the report is filed. |
| The intentional filing of a false statement is a Class E crime. If the willfully filed a false statement, it shall refer its findings of fact to the At | Commission | on con neral. | icludes that it appears that a Legislator has |
| If the Commission determines that a Legislator has willfully failed to file the Legislator shall be presumed to have a conflict of interest on equestion in committee or in either branch of the Legislature, and sl (1 M.R.S.A. § 1019) | every que: | stion a | and shall be precluded from voting on any |
| Raymond Pinson | 1- | 3 -4 | 28 |
| Signature | | | Date |

| NAME: | DATE: | | | | |
|--------------------------------|--|--|--|--|--|
| ADDRESS: | | | | | |
| | ADDITIONAL INFORMATION | | | | |
| Please provide information you | e any additional information below (and on additional sheets if needed). Indicate the part or sectic u are providing. | on number for the | | | |
| Part/Section Number | | | | | |
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